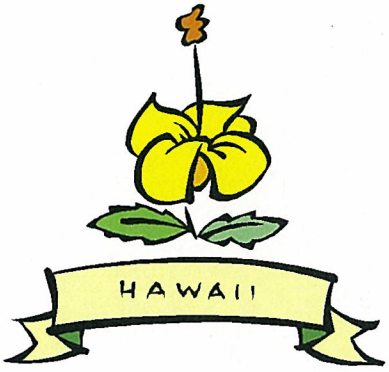
Year 2008

HIV Prevention Plan Update for Hawai`i



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Hawai`i HIV/AIDS
Community Planning Group

Hawai`i Department of Health

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HIV Prevention Plan for Hawai`i – Update for 2008

Executive Summary

This Plan Update represents the recommendations and plans for HIV prevention for the state of Hawai`i for the calendar year 2008. This plan is an update of the 2004, 2005, 2006, and 2007 Plan documents. This document includes the recommendations made and approved by the Hawai`i HIV Prevention Planning Group (CPG) in 2007 to date. Additional recommendations and plans may be made by the CPG in the remainder of this year.
Because analysis of data trends for Hawai`i does not appear to indicate significant changes in the epidemic, the prioritizations of populations at risk have not changed to date.
Since the CPG has previously prioritized HIV positive individuals as the primary target group for prevention activities, the Hawai`i "Prevention for Positives" or "P4P" program has been maintained throughout the state.
Prioritizations of interventions for each of the prioritized risk groups were done in late 2004 and continue as a guide for planning.
A comprehensive *Hawai`i Integrated Plan for HIV/AIDS Prevention and Care* is currently being worked on by Hawai`i's integrated CPG. This document is to be completed in 2008.

I. CPG Process

A. Introduction: An Integrated Planning Model and an Integrated CPG

A new model for community planning that included both the prevention and care areas was instituted in March 2005 after a lengthy and participatory-planning process. The primary purpose for this new, integrated planning model is to improve the continuity of care for those at risk for, affected by, and infected with HIV in the state. Therefore, both prevention and care issues are examined at the CPG. In this model attention is more easily paid to the areas of overlap and intersection.
The CPG has set the goal of having a statewide *Comprehensive Integrated HIV/AIDS Plan* written in 2007. In preparation, the CPG has developed a graphic "Continuum of HIV/AIDS Services" that illustrates the interrelationships and connections between of prevention and care services. Since it was not been able to locate an appropriate existing model for such an integrated plan, the CPG has developed its own format. Currently, the CPG's committees are developing pieces of the comprehensive Plan for prevention and care.
An ongoing effort is made to orient new members and to provide on-going education for continuing members. Education and training are particularly important as members are expected to have a grasp of issues related to both prevention and care. This is a large expectation given the rapidly evolving fields of HIV/AIDS prevention and care service delivery.

B. Recruitment of Members

When there are no vacancies, twenty-eight members have voting seats on the CPG. There are no official seats for non-voting members. However, at each meeting interested community members attend and have opportunities for participation at the main CPG meeting and in CPG committees. When vacancies occur, DOH staff and CPG members recruit candidates for vacant seats. New candidates are also recruited through a community list serve of potential stakeholders. Currently there are two vacancies on the CPG. Vacancies occur primarily because of members moving to the Mainland and changes in employment. It has been a continuing challenge to find and keep consumer (HIV positive) transgender members.

C. Prioritization of Populations

The CPG prioritized the state of Hawai`i's HIV prevention populations for 2003 and beyond. These prioritizations will continue in 2007. The goals for these populations reflect this new prioritization. Prioritized populations, in order of their priority status are: (1) HIV+ Persons; (2) Men who have Sex with Men / Injecting Drug Users (MSM/IDUs); (3) Men who have Sex with Men (MSM); (4) Injecting Drug Users (IDUs); (5) Transgenders at Risk; and (6) Women at Risk. These prioritized groups will continue in 2006. In addition, sub-populations were identified by the CPG. Note that these sub-populations were not prioritized. The identified sub-populations in alphabetical order are: the homeless, immigrants, individuals in the military, individuals in prison or on parole, individuals in rural areas, individuals in urban areas, men who have sex with men and women, the mentally ill, races/ethnicities (Caucasian, Asian, Native Hawaiian, Pacific Islander, African American, Latino/a, and Native American), sex industry workers, substance users, and youth.

The document for the state of Hawai`i, *Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning* was completed in 2005 by the SAPB Surveillance staff, based on CDC's Guidance. It includes data from 1983-2001, diagnosed and reported to September 2003. This document is currently being updated and will be available soon.

Current AIDS surveillance data include:
Various racial/ethnic groups (Caucasian, Latino, African American, Hawaiian, Filipino, Asian/Pacific Islander, Japanese) by risk behaviors
Risk factors by ethnicity
Risk behavior by gender
Ethnicity by gender
AIDS cases of Hawaiians and non-Hawaiians by age group
Counseling and testing data for HIV positive clients

The EPI Profile also includes the following HSPAMM HIV data:

- Female HIV positive participants by age and race
- Male HIV positive participants by age and race
- Male HIV positive participants among Asian and Pacific Islanders by age

The 2005 *Integrated Epidemiologic Profile for HIV/AIDS* Prevention and Care Planning reinforced the findings of previous profiles. MSM continue to be at greatest risk for AIDS, followed by IDU and MSM/IDU. Caucasians comprise most of the cases followed by Asian Pacific Islanders and Latinos. The majority of AIDS cases are found on the most populous island of O`ahu.
In September 2001, HIV reporting commenced in Hawai`i using an unnamed test code (UTC) to ensure confidentiality and reduce perceived barriers to testing and reporting. HIV reporting will provide current data but only for those individuals who are tested. With the CPG's approval and strong encouragement, the state of Hawai`i is in the process of changing its Administrative Rules to allow name based reporting for HIV. The Administrative Rules have been revised accordingly. There is a long and multi-stepped approval process that needs to take place before the Rules and name based reporting can go into effect. The approval process is anticipated to be completed at the end of 2007.

D. Prioritization of Interventions for Priority Populations

In the last half of 2004, the CPG re-prioritized strategies and interventions for each of the six prioritized populations. The re-prioritization was done for the more urbanized island of O`ahu

separately from the more rural Neighbor Islands: Kauai County (Kauai island), Hawai`i County (the Big Island), and Maui County (Maui, Lanai and Molokai islands). The category for HIV+ persons was further broken down into at-risk sub-groups (MSM/IDU, MSM, IDU, Transgender, and Women.) The eight (8) strategies and interventions prioritized by the CPG for 2006 and 2007 are listed below. *Note* that these strategies *and interventions are not listed in priority order.*

ILI - individual-level intervention

GLI - group-level intervention

OR – outreach

PCM - prevention case management

CTR - counseling, testing, and referral

HC/PI - health communication / public information

CLI - community-level intervention

SEP - sterile syringe exchange program

Hawai`i HIV Community Planning Group (CPG) Prioritization of Interventions

1. HIV+						
HIV+ MSM/IDU		HIV+ MSM	HIV+ IDU		HIV+ TG	HIV+ ♀
Oahu	NI	Oahu/NI	Oahu	NI	Oahu/NI	Oahu/NI
ILI		ILI	ILI		ILI	ILI
PCM		GLI	HC/PI	PCM	GLI	GLI
HC/PI		PCM	PCM	HC/PI	PCM	PCM
CLI	CLI/GLI	HC/PI	GLI		HC/PI	HC/PI
GLI		CLI	CLI		CLI	CLI

2. MSM/IDU	3. MSM	4. IDU		5. TG		6. ♀	
Oahu/NI	Oahu/NI	Oahu	NI	Oahu	NI	Oahu	NI
SEP		SEP					
OR	OR	OR		OR		OR	
CTR	CTR	CTR		CTR		CTR	
ILI	ILI	GLI	ILI	GLI	ILI	GLI/ILI	GLI
HC/PI	CLI	ILI	PCM	ILI	GLI		ILI
PCM	GLI	PCM	GLI	CLI		PCM	HC/PI
GLI	HC/PI	HC/PI		HC/PI		HC/PI	CLI
CLI	PCM	CLI		PCM		CLI	PCM

NI = Neighbor Islands

E. CPG Committees

In 2005, the newly formed CPG chose to establish three standing committees in addition to a Steering Committee. Except for the Steering Committee, Standing Committees meet at each of the nine all-day meetings. The standing committees and their charges are:

1. Needs Assessment, Community Resources Inventory & Prioritization Committee
This committee determines the advisability and feasibility of conducting new needs assessments and reviews the data in previous needs assessments for planning. It also takes the lead in coordinating any community resource inventories. It makes recommendations concerning the prioritization of at-risk groups and interventions/strategies to the CPG.
2. Quality Assurance (QA) and Evaluation Committee
This committee has recently completed developing standards for care case management. It also participates in the development and review of the low-incidence states' care Quality Management Project required by HRSA. It may recommend that the DOH evaluation certain programs or program aspects.
3. Continuum of Care and Integration Committee
This group looks at opportunities where care and prevention services can be better coordinated or integrated to promote an improved continuum of care between prevention and care. It may identify gaps in service, duplication of services and overlapping areas.
4. Steering Committee
The Steering Committee, comprised of the three CPG co-chairs and the chairs of the standing committees, provides overall leadership for the CPG process, develops and annual work plan, conducts meetings, resolves conflicts, assures that the By-laws are being followed and updated and makes sure that the evaluation of the CPG process is monitored and fed back to members.

<u>Recommendations for 2008 from each committee are:</u>

1. Needs Assessment, Community Resources Inventory, Gap Analysis, & Prioritization Committee:
   - If funds are available, needs assessments should be conducted for: the homeless; ice use as an HIV risk factor; Hawaiians; individuals co-infected with hepatitis C; resident aliens; individuals who are incarcerated.
   - Investigate the needs of PLWA for eye care and other vision needs.
   - The CPG should continue having its own web-site, separate from the STD/AIDS Prevention Branch web-site and the DOH web-site.
   - Housing as a prevention issue should be investigated and pursued.
   - The CPG should ask for more guidance on the integration of care and prevention.
   - Quality Assurance and Evaluation Committee should review quarterly quality and evaluation data from the Evidence Based Interventions, Prevention for Positives, and Counseling, Testing and Referral programs.

2. Quality Assurance (QA) and Evaluation Committee:

   - Regarding PCRS, use prevention funds to ensure that case managers are trained to discuss PCRS with their clients.
   - Create a statewide advisory committee for counseling and testing services.

- CPG Quality Assurance and Evaluation Committee should review quarterly quality and evaluation data from the DOH evaluation systems.

- Quality Assurance and Evaluation Committee should review quarterly quality and evaluation data from the Evidence Based Interventions, Prevention for Positives, and Counseling, Testing and Referral programs.

3. Continuum of Care and Integration Committee:
The Continuum of Care and Integration Committee of the Hawai`i Community Planning Group has been meeting for approximately two years, since the establishment of the integrated CPG. The Committee developed a Continuum of Care visual aid for CPG members to assist them in better understanding the concepts and components of the integrated group.
Many of the discussions of the Integration Committee have centered around members attempting to understand the roles and responsibilities of both prevention outreach/CTR workers and case manager/providers of care services. The recommendations of the Integration Committee for 2008 are:

1. Continue to work on and develop the CPG Integrated Plan. The first draft will be completed in December 2007. In 2008, the Integration Committee will assist the CPG Steering Committee in developing a process for prioritization of population groups and interventions for prevention and care services statewide. The results of this process will be added to the CPG Integrated Plan in 2008.
2. Continue to identify strategies for prevention and care collaboration within the CPG process, attempting to maintain a balance between prevention and care representation and issues addressed.
3. Facilitate cross-training of prevention and care workers via trainings, meetings and other events:
    - have speakers from both disciplines present their roles and responsibilities
    - utilize a "day in the life" concept in which prevention and care staff (street outreach, case management, CTR, etc.) share information and experiences related to the specific activities of their jobs.
4. Ensure that HIV-CTR services are available at all contracted agencies for clients requesting and HIV test. Clients should not have to be referred from a Branch-contracted agency to another agency for an HIV test.'
5. Encourage smaller, rural agencies to adopt strategies for integration of services, so services can be offered in the most effective and efficient manner. Provision of such integrated services by staff at contracted agencies would encompass the following activities: CTR, P4P, PCRS, referrals to STD services, referrals to hepatitis services, including A and B vaccination and hepatitis C counseling and testing, and referrals to other appropriate services (i.e. case management staff should be able to provide an HIV test to a client if no prevention staff is available to administer the test.)
6. Contracted agencies should continue to receive hepatitis C testing kits, hepatitis educational materials, and training technical assistance to support the hepatitis C counseling and testing program.
7. Prevention for Positives (P4P) agency coordinators will continue to provide integrated P4P services, including the following:

- encourage/continue collaboration and support services between prevention and care management, staff and programs at contracted agencies
- continue to increase individual level interventions for people living with HIV and their sex and needle-sharing partners
- build skills and experience in coordinators to provide confidential and non-judgmental support through trusted relationships
- expand PCRS services beyond newly HIV diagnosed clients to include individuals who have been HIV positive for a significant length of time, but who may not have accessed PCRS services previously. Encourage the provision of PCRS services as an integrated process that covers both prevention and care services
- ensure that ongoing support around disclosure is available to sexually active people living with HIV

F. Community Planning Evaluation Plan

Feedback about individual CPG Meetings:

At the end of each CPG meeting, members are invited to give written feedback about that meeting. A standardized form asks two general questions: a) What did you like about this meeting? and b) What suggestions do you have to make these meetings better? The CPG Coordinator and the Co-chairs review the summarized feedback at Steering Committee Meetings. The written summary of responses is also shared with members at the next meeting. If there are significant areas of negative feedback, those areas are discussed at meetings and improvements sought from the group. This process has been helpful in making changes to improve logistics and processes concerning the CPG meetings.

Feedback about the Community Planning Process:

Because the integrated CPG addresses both care and prevention issues, the CDC's Community Planning Membership Survey was revised to include questions relevant to care and members whose primary interest is in the care arena. By the end of 2006 the written survey was completed by each CPG member. That survey was adapted to reflect the integrated nature of this CPG. Questions concerning care and integration issues were added. A summary of the data from this survey was shared with the CPG at its December 2006 meeting. A similar process will be implemented in the fall of 2007.

II. Needs, Resources and Gaps

Hawai`i has been involved in implementing needs assessments since the inception of community planning, with the collaboration and support of the CPG. SAPB staff have been responsible for facilitating and implementing this process, with guidance from the CPG. This process has been accomplished in stages. The SAPB currently has eight completed needs assessment reports that have been developed and used since 1999. These needs assessments have proved to be valuable resources for the CPG in making decisions about the prioritization of populations at-risk for HIV and interventions for these populations. SAPB staff have also developed several resource inventories related to HIV prevention services offered to at-risk groups in Hawai`i, including a periodically produced SAPB directory of agencies providing these services.

A. Community Resource Inventory

As stated in this plan, Hawai`i has had an integrated prevention and care CPG since early 2005. One of the priority activities for this newly formed group has been to develop a new Community Resource Inventory that reflects Branch and community-based services for both HIV prevention and care. This

is an on-going and large task. The Community Resource Inventory will be a component of a larger Gap Analysis that will be developed by the CPG and will include the current needs assessments and evaluation data and information. The CPG's Needs Assessment Committee will complete its new Resource Inventory in 2008.

Hawaii's Resource Inventory of HIV prevention activities is composed of diverse interventions currently being provided by community-based organizations (CBOs) and the STD/AIDS Prevention Branch (SAPB). The Resource Inventory also includes several reports and studies funded by the SAPB, on the advice of the CPG. The following are the components of Hawaii's Resource Inventory related to HIV prevention service delivery: STD/AIDS Prevention Branch - SAPB staff includes individuals working within its seven programs (see Programs Resources below), as well as secretarial and other support staff. Contracted agencies implement HIV prevention interventions such as Prevention for Positives (P4P), Counseling and Testing (C/T), outreach, individual level interventions (ILIs), group level interventions (GLIs), community level interventions (CLIs), prevention case management (PCM), Partner Counseling Referral Services (PCRS), Informal PCRS, Health Communication and Public Information (HC/PI), structural interventions, and community-building interventions. Contracted agencies hire part-time and full time staff, provide stipends to peers, and utilize volunteer services.

SAPB (Branch) Program Resources - The eight programs of the SAPB are:

AIDS Surveillance Program
Hawai`i Seropositivity and Medical Management Program Services (HSPAMM)
STD/HIV Education and Risk Reduction Services,
HIV Counseling and Testing Services,
Prevention for Positives
STD Diagnosis and Treatment Program,
Partner Notification and Partner Counseling and Referral Services,
Viral Hepatitis Education and Prevention Program

Each of these programs has defined goals and objectives and collaborates with community based Organizations. The programs also have collection and evaluation components, which are an integral part of the Resource Inventory, (i.e. AIDS Surveillance Quarterly Report, C/T data, STD data, HSPAMM data, etc.).

Community-Based Resources - HIV prevention services are offered to at-risk populations through programs contracted by the SAPB to provide services. HIV services are also offered within the community by the community-based organizations (CBOs) not receiving funding from the SAPB. The status of these HIV prevention programs are presented to the CPG regularly through presentations by individuals who work with at-risk populations, staff of contracted and other community-based agencies, and SAPB staff who present updates on the progress of contracted HIV prevention services statewide, including data collection regarding interventions and client demographics.

HIV+ Persons
Referrals to treatment services
Outreach
Counseling and Testing
Prevention Case Management
Individual Level Interventions
Partner Counseling and Referral Services

MSM
Community Level Interventions
Individual Level Interventions
Prevention Case Management
Outreach
Counseling and Testing
Partner Counseling Referral Services

MSM/IDUs
Syringe Exchange/Outreach
Individual Level Interventions
Partner Counseling Referral Services
Counseling and Testing
Prevention Case Management

IDUs
Outreach Syringe Exchange Program
Counseling and Testing
Partner Counseling Referral Services
Individual Level Interventions

Transgender at Risk
Counseling and Testing
Prevention Case Management
Partner Counseling Referral Services
Individual Level Interventions
Outreach

Women at Risk
Outreach
Counseling and Testing
Individual Level Interventions
Prevention Case Management
PCRS

B. Needs Assessments

The Needs Assessment and Evaluation Committee was a part of the former HIV Prevention CPG. It was comprised of CPG members. Based on the recommendations from the Hawai`i CPG over the years, eight separate needs assessments have been produced. These needs assessments have included HIV prevention-related questions on priority populations. Most recently, needs assessments have been developed for these at-risk populations:
African Americans at Risk on O`ahu (2003)

IDUs (2004 CHOW SEP Evaluation Report)
Transgender individuals (2005)

The CPG uses the information and recommendations from needs assessments to help determine needs for these populations. This information then is discussed related to strategies and interventions for each of the prioritized populations. The following is a compilation of all the recommendations resulting from needs assessments in Hawai`i for each of the listed priority populations:

1. African Americans at Risk

A process to facilitate a needs assessment regarding African Americans at risk for HIV in Hawai`i was initiated in 2001. After several preliminary efforts, including a preliminary report to provide direction for this needs assessment, the final needs assessment report was completed and presented to the CPG and the SAPB in February 2004. Its recommendations were related to African Americans on 0'ahu at highest risk for HIV: *MSM,* IDU, and women at risk. The recommendations supported by this report are:

- Continued efforts be made to increase the communication and collaboration between the Hawai`i Department of Health and its service partners with African American organizations and stakeholders to provide effective and culturally relevant HIV/AIDS prevention services to African Americans in Hawai`i.
- Researchers and service providers need a better understanding of the role ofcultural and socioeconomic factors in the transmission of HIV among African Americans, as well as the effect of the history of racial inequality on public health.
- Targeted strategies must be designed and implemented for young African Americans at risk for HIV/AIDS
- Increased and specific services targeted to reach African American women should be designed and implemented in Hawai`i
- Public health officials should consider changing epidemiological surveillance toinclude other demographic information such as social, economic and cultural factors.
- Public health institutions should seek out partnerships with African American faith communities and incorporate spiritual teachings on compassion to ignite a community response.
- Comprehensive HIV programs should link with other health services, such as substance abuse programs, family planning services and STID clinics

2. Transgenders at Risk

In July 2004, based on the recommendation of the CPG Needs Assessment Committee, the SAPB contracted with a PhD'-level professor from California State University at Chico to implement the "HIV Risk and Prevention Needs of Male-to-Female Transgender Persons in Hawaii". She collaborated with community-based organizations in Hawai`i to administer written surveys, one-on-one interviews and focus groups to determine the needs of transgender individuals at risk for HIV in Hawai`i.

This study collected data and statistics regarding health status and access to preventive services for transgender people in Hawai`i. The findings from the study were used to prioritize the transgender

group among populations at risk and to determine interventions for this at-risk population.

The report of these needs assessment activities was completed and presented to the CPG in early 2005. The recommendations from this needs assessment are:

1. Continue and expand public and organizational education about transgender people.
2. Continue and expand education and programs within the TG community (using TG role models) that reduce the likelihood of SIW and drug selling for economic survival: community building events, high school diploma completion and grants for high education, job training, interview skills, support groups.
3. Continue and expand outreach efforts (education, referral, condom distribution and HIV testing) to SIW in Honolulu and in other areas of O`ahu.

4. Continue and expand targeted outreach and education to younger TGs - HIV and drug use prevention and recovery, job training, high school completion and higher education.
5. Continue and expand support for existing and additional TG-only transitional housing for drug recovery, homelessness, and HIV-positive TGs.

3. Injection Drug Users

Hawai`i was the first state in the country to have a statewide and state-funded syringe exchange program (SEP). Hawai`i's SEP began in 1990 has been operated by the non-profit Community Health Outreach Work (CHOW) Project since 1993. The CHOW project conducts a detailed and thorough annual evaluation of its services in collaboration with their evaluator, Dr. Don DesJarlais from Beth Israel Medical Center in New York City. This evaluation represents an annual needs assessment of active injection drug users in Hawai`i and the CPG utilizes this annual evaluation as such and has not recommended a separate needs assessment of IDUs in Hawai`i.

The most current evaluation, titled "Hawai`i Statewide Syringe Exchange Program 2006 Evaluation Report", has the following recommendations.

Recommendations:

1. The Hawaii SEP has become an effective statewide program. The number of syringes exchanged over the last several years appears to have stabilized. The highest priority must be given to maintaining quality and quantity of the services provided, in particular to preventing transmission of HIV and hepatitis by exchanging syringes and distributing clean cottons, cookers and sterile water used for drug injection.

2. There are many advantages to providing services from a fixed site, and the SEP should explore the possibility of obtaining a modest-cost fixed site that would be convenient for SEP participants. However, because of increased geographical dispersion of drug users on Oahu, it is critical to maintain the mobile services.

3. Increase efforts for presentation of SEP data at professional conferences and in peer-reviewed journals to allow the Hawaii SEP to contribute more significantly to the field of HIV prevention.

4. While the data are quite limited, it is likely that hepatitis C infection among IDUs is a major public health problem in the state. Continued expansion of hepatitis C services is justified. Collection of better epidemiological data may provide important insights into how scarce resources should be allocated. It would be useful to recruit subjects from a variety of sources.

5. Methadone treatment services should be continued on Oahu, Maui, and East Hawaii, and should be expanded to West Hawaii and Kauai.

6. Every effort should be made to increase the availability of sterile injection equipment for IDUs at the time of drug injection.

7. Transmission of HIV occurs through HIV seropositives either passing on used injection equipment or engaging in unprotected sexual intercourse. In conjunction with Prevention for

8. Positives, the SEP/CHOW Project should work to ensure that those IDUs who test positive for HIV have sufficient access to a full range of prevention services, including partner notification, sterile syringes and condoms to avoid transmission behaviors and access to HIV case management, care and treatment.

III. Technical Assistance for CPG Members

The Steering Committee plans orientations, training, and TA events for the CPG. Because this is a group that addresses care, prevention and "overlap" issues, education and training are particularly important so that members are well versed in all the issues at hand.

At each monthly meeting, the orientation has been continued in the form of educational presentations, discussions, and interactive exercises. Presentations may be conducted by 'outside' experts, DOH staff, or by CPG members and peers.

Finally, a CPG community co-chair was sponsored and funded to attend the HIV Prevention Leadership Summit ("HPLS") meeting in New Orleans in May 2007.

IV. Programmatic Evaluation Process

During 2008, HIV prevention programmatic evaluation will focus on three main areas. First, ongoing evaluation activities will focus on the implementation and programmatic use of the Program Evaluation and Monitoring System (PEMS) in full compliance with the data collection requairements and timelines stipulated by the CDC as well as programmatic and evaluation needs at the state and CBO levels. The PEMS is a comprehensive confidential data collection system developed by the CDC. This web-based software and data collection/reporting system supports standardized data collection, reporting, analysis, and delivery of HIV prevention programs. Transition to the PEMS marks not only a major change in the types of data collected and data collection methods, but also a major paradigm shift in the HIV prevention interventions and how they are implemented and evaluated. The PEMS serves as the data collection/reporting tool to support implementation and evaluation of the Diffusion of Effective Behavioral Interventions (DEBI) and other intervention approaches, including outreach, Comprehensive Risk Counseling and Services (CRCS), as well as interventions delivered to individuals (IDI) and groups (IDG). Specifically, the PEMS provides a foundation for data collection and reporting related to: 1) agency and contracted agency information, including budgeting; 2) program/intervention level data; 3) client/intervention level; 4) community planning; 5) Counseling and Testing (C/T); 6) Partner Counseling and Referral System (PCRS). In

close collaboration with the CDC, the DOH STD/AIDS Prevention Branch will continue providing leadership and full deployment support to assist the DOH and CBO staff to fully transition to using the PEMS. In 2008, a strong emphasis will be placed on using the data to evaluate and support programs. A particular emphasis will be placed on implementation of data reporting requirements related to CTR in the context of the implementation of Rapid Testing. Second, concurrent efforts will focus on a review of the major HIV prevention programs, including PCRS and Prevention for Positives. This review will include a needs assessment and gap analysis to identify programmatic and local challenges and barriers, as well as to provide state- and agency-specific recommendations for program improvement. Third, concurrent efforts will focus on a review of inegration of HIV prevention, HIV care, and STD/Hep services. This will include a needs assessment and gap analysis to identify successes, best practices, and challenges related to integration of services.

V. Linkages and Cross Program Activities

A. Sexually Transmitted Diseases

HIV and STD prevention are structurally integrated in the STD/AIDS Prevention Branch (SAPB). DOH
staff at the Diamond Head STD/HIV Clinic and the neighbor island HIV counselor/testers continue to receive cross training and updates in both program areas. Overall there is concern regarding the increases in all STDs in recent years and particularly around co-infection with HIV among specific risk populations including MSM. This latter aspect overlaps with the P4P activities. Overall, the DOH is attempting to implement the 2002 CDC STD treatment guidelines. This is particularly true regarding the annual STD screening of sexually active MSM. The Diamond Head clinic ensures that all MSM testing for HIV are also offered a full STD screening or syphilis screening at the minimum. Efforts are underway to implement opt out confidential screening of HIV and STD for high risk patients. Neighbor Island counselors/testers will also continue to offer syphilis screening to sexually active MSM/high risk individuals testing for HIV. SAPB hopes to have urine-based gonorrhea and Chlamydia testing available for use by neighbor island counselor/testers in the latter part of 2006. While this will be an important adjunct service it provides results for site-specific infections and may not identify some MSM STID infections. If approved the draft standing orders will allow HIV counselor/testers to provide medication for patients diagnosed with CT and GC. Expedited partner therapy is under consideration but and will be brought before the Board of Medical Examiners in 2006 and if approved would allow for EPT to be implemented. A referral protocol to treating physicians is being developed, particularly for those without insurance. Initially it is proposed that services would be covered by DOH for a community clinic and a private provider in each area. Demographic information on clients with STDs should be used increasingly to target subpopulations within risk groups for prevention follow-up.

SAPB offers annual complete syphilis testing for more than 850 HIV+ clients through the HSPAMM program. This provides screening for a significant percentage of the total Hawai`i HIV+ population and additional information for P4P service providers. Hawai`i continues to see drug resistant gonorrhea in all risk populations. This is important information for all treating physicians. Internally,

DOH STD and HIV staff also continue to have regular staff meetings to discuss common issues and concerns and further integration of hepatitis into the program.

B. Viral Hepatitis Education and Prevention Program

The CDC-funded Hepatitis C Coordinator position has been situated within SAPB since June 2002 and coordinates SAPB's Viral Hepatitis Education and Prevention (VHEP) program. The Hepatitis C Coordinator's role is to support the integration of viral hepatitis into existing HIV, STD and other related programs and to enhance collaborations to address the needs of adults who are at-risk for and living with viral hepatitis in Hawai`i. In 2003, a Hepatitis C Strategic Plan was created with key stakeholders to identify hepatitis-related goals and objectives for Hawai`i. SAPB is currently implementing the plan with an update scheduled for late 2006. VHEP activities include providing viral hepatitis information, education and training to health and social service providers and other community members, as well as collaborating with other sections of DOH and community-based agencies to raise awareness about viral hepatitis. Currently, all SAPB HIV counseling and testing sites offer viral hepatitis education, hepatitis A and B immunizations and hepatitis C testing and counseling. All SAPB contracted agencies are required to integrate viral hepatitis education and referrals into their HIV prevention services. All of SAPB contracted agencies (except for the syringe exchange) offer hepatitis C counseling and testing with their HIV counseling and testing services. The following populations are recommended to receive viral hepatitis vaccinations and/or hepatitis C testing:

People who have injected drugs and other substances (hormones, steroids, vitamins):
Test for hepatitis C
Get vaccinated against hepatitis A and B

People who use non-injection drugs:
Get vaccinated against hepatitis A

Men who have sex with Men:
Get vaccinated against hepatitis A and B

Transgenders:
Get vaccinated against hepatitis A and B
Test for hepatitis C if injected hormones

People living with HIV:
Get vaccinated against hepatitis A and B
Test for hepatitis C

People with Multiple Sex Partners or Recent STD:
Get vaccinated against hepatitis B

C. Tuberculosis

The SAPB and the TB Branch are both part of the Communicable Disease Division and meet at least once a month to discuss common issues. SAPB staff have in previous years provided training to TB clinic staff so they can directly provide HIV counseling and testing services to individuals testing positive for TB. The TB Branch requested to have confidential HIV testing so that the results can be

used for diagnostic and treatment purposes by the TB Branch physicians. The SAPB will remain

responsible for the overall quality assurance for this service. Fortunately, HIV and TB currently remain in separate populations in Hawai`i with very low co-morbidity. TB staff will offer sufficient counseling to meet informed consent requirements and provide negative results while SAPB staff will provide
counseling for any patients that test HIV positive. Unfortunately, the TB program has not yet started using this HIV testing protocol. SAPB will continue to collaborate with the TB program to encourage it to get this critical service underway.

D. Substance Use Treatment

The SAPB remains an important player in prevention issues for injection drug users because it has a state funded contract with the CHOW Project (which operates the sterile syringe exchange program) to subcontract for methadone services for clients referred by the syringe exchange program. Methadone treatment services are now available on O`ahu, Maui and the Big Island. LAAM, a longer lasting treatment modality, is no longer available so this makes treatment more difficult for individuals in rural areas who have to travel to the clinic for treatment more frequently than when they were on LAAM. A representative of the Alcohol and Drug Abuse Division (ADAD), a pharmacist and a staff member dealing with substance abuse and treatment of native Hawaiians serve as members of the Syringe Exchange Oversight Committee. The SAPB will continue to provide HIV counseling/testing training, support and supervision for ADAD's contracted EIS providers throughout the state. Their

testing data are provided to the SAPB for inclusion in our anonymous test site data. SAPB coordinated with ADAD around the SAMHSA HIV rapid testing initiative but it could not be implemented until Hawai`i's administrative Rules were changed. This will increase access to HIV testing for individuals in substance abuse programs.

E. Corrections

The State of Hawai`i Corrections Medical Director sits on the CPG. The SAPB will continue to provide HIV counseling and testing services in correctional facilities throughout the state. STD and HIV testing and prevention services will continue to be provided to juvenile offenders on O`ahu. This service will be expanded in additional facilities. The SAPB's HSPAMM program continues to offer medical and laboratory services to inmates and assist them to get into or remain in medical care upon release. This is part of our collaborative approach to providing primary prevention services to HIV positive inmates.

F. HIV Care and Treatment

The SAPB is the grantee for funding from both CDC prevention and HRSA Ryan White Title II for care. This provides for integrated service planning and implementation within one administrative branch. Both state and federally funded contracts with CBOs now focus increasingly on providing a spectrum of care and prevention services. In most geographic areas, both services are provided by the same ASO.

One of the important tasks of the HIV counseling and testing trainer is to strengthen referral and tracking of individuals from counseling and testing into care and support services. When named HIV reporting comes into effect with the changes in Administrative Rules there will be additional opportunities to support linkages and referral services for those testing positive.

Since March 2005 the Hawaii CPG has been responsible for both prevention and care service planning. This has allowed for an increased understanding of the intersection and linkages between prevention and care. The new plan to be developed by this combined CPG should more effectively consider the broad range of services.

G. Department of Education

A representative from the statewide DOE is appointed to and serves on the CPG. The DOH representative on the CPG also sits on the DOE Safe Schools Community Advisory Committee. For the past two years, this group has been developing recommendations for the DOE related to the implementation of policies, systems, training and community development to support DOE's policy (Chapter 19) to prohibit discrimination and harassment related to individual status, including minority sexual status. The recommendations will be presented to the Hawaii Superintendent of Schools in summer 2007.

It is expected that, based on one of these recommendations, DOE will convene another advisory group to support and assist with implementation of these recommendations. CPG and SAPB will likely be represented on this new advisory group. The Prevention Coordinator will continue to meet with the DOE administration about issues related to HIV/STD prevention and school-aged youth.

H. Primary HIV Prevention (P4P)

The integrated Hawai`i CPG will continue to participate in reviewing and refining recommendations on the provision of primary prevention services for people living with HIV (P4P

Prevention for Positives) and linkages with secondary prevention. Recommendations will be based on the P4P work plan that was developed by the Branch and P4P Coordinators.

The current SAPB prevention contracts focus on the provision of P4P services to individuals within the focus populations who are HIV infected and at risk for transmitting HIV to others. The individual level intervention activities assist individuals at risk for transmitting HIV to reduce their HIV risk behaviors through peer-based, one-on-one sessions that include counseling and skills building activities. All individual-level intervention activities are based on behavioral science and the application of behavioral theories, including the Trans-theoretical Model (Stages of Change) and Harm Reduction philosophy.

P4P Coordinators are also contracted to collaborate with health care providers and community agencies that serve members of the focus population in order to increase awareness of the availability of the provider's HIV prevention services for HIV infected persons.

VI. Innovative Projects

One of the projects underway aims to strengthen the integration of HIV, STD and hepatitis services at the client level. The efforts aim to offer and recommend to clients a specific panel of prevention services most appropriate for them based on their risk profile and sexual history. Services would be offered on an opt-out confidential basis and cover HIV, STD and hepatitis C screening, HAV/HBV immunization and linkage to other prevention and care services. Part of the difficulty in implementing the program are the separate HIV, STD and hepatitis reporting requirements and forms etc., required by CDC.